

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1368

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 12 1963

1. PLACE OF DEATH

a. COUNTY

Dunklin Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Poplar Bluff

Length of stay in 1b
1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Lucy Lee

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

c. CITY OR TOWN Campbell

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
839 Allen

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

May

Cantwell

4. DATE OF DEATH

Month Day Year

February 28, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-14-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Evansville, Indiana U.S.A.
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Tom Brannon

13b. MOTHER'S MAIDEN NAME

Betty Starkey

14. NAME OF HUSBAND OR WIFE

Robert Cantwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT 839 Allen
Mr. Robert Cantwell Campbell, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Massive Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
5 hours.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-28-63, 3:30 P.M. to 7:15 P.M. last saw her alive on 2-28-63
Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

330 North Second St.
Poplar Bluff, Mo.

22c. DATE SIGNED

3-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

3-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Pine City

23d. LOCATION (City, town, or county)

Holcomb, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lloyd Russell Piggett, Arkansas

25. DATE RECD. BY LOCAL REG.

3/7/1963

26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald W. Haggard

Licensed Embalmer No. 1114 Bk

P. O. Address Fryatt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.